



Design Registration Application

Please complete a separate form for each design/procedure you wish to register.

Date of Application (yyyy/mm/dd): _____

<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Ref. Tracking No. _____ <input type="checkbox"/> Revision Ref. CRN _____ <input type="checkbox"/> Repair or Alteration Ref. CRN _____ <small>(incl. two copies of AB-230) (one A No. per submission)</small> Ref. A No. _____ <input type="checkbox"/> Used Equipment Imported to Alberta** <input type="checkbox"/> For Registration in other Canadian provinces and territories** <input type="checkbox"/> BC <input type="checkbox"/> SK <input type="checkbox"/> MB <input type="checkbox"/> ON <input type="checkbox"/> QC <input type="checkbox"/> NB <input type="checkbox"/> NS <input type="checkbox"/> PE <input type="checkbox"/> NL <input type="checkbox"/> NT <input type="checkbox"/> YT <input type="checkbox"/> NU	For ABSA Office Use Only Tracking No. _____ Date Received _____ Assigned Surveyor _____ Response Date _____ Quality Plan** (for recognized AQP holders only) AQP No.: _____ Recognized person: _____ For QP Initial Audit <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer's Full Legal Company Name and Address <small>(plant owner for piping)</small> _____ Mailing Address: _____ _____ Contact Person: _____ Email Address: _____ Phone/Fax No(s): _____	Additional Information Include two sets of drawings (folded) , one set of calculations and the applicable Form AB-31a or AB-31b. <input type="checkbox"/> Main Drawing No(s) or Fitting Catalogue No. <small>(incl. revision)</small> _____ <input type="checkbox"/> Welding Procedure Spec No.: _____ <input type="checkbox"/> Vessel or Boiler Code of Construction ASME Sec.: _____ <small>(incl. Form AB-31a)</small> Div.: _____ <input type="checkbox"/> Piping (incl. one copy of AB-31b and two copies of AB-96*) Ref. PP No.: _____ <input type="checkbox"/> Fitting (<input type="checkbox"/> New / <input type="checkbox"/> Addition / <input type="checkbox"/> Renewal) <small>(incl. 1 original copy of the AB-41*)</small> Ref. CRN (if applicable): _____ <input type="checkbox"/> RRIMR Procedure (for piping) Ref. PP No.: _____ <input type="checkbox"/> Pneumatic Testing Procedure (for piping) Ref. PP No.: _____ <input type="checkbox"/> Hot Tap Procedure (for piping) Ref. PP No.: _____ <input type="checkbox"/> Reciprocal Design (incl. proof of registration) Reciprocal CRN: _____ <input type="checkbox"/> Other (specify) _____ _____ _____ _____ Type of Pressure Equipment (check only one) <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Heat Exchanger
Submitter's Full Legal Company Name and Address <input type="checkbox"/> same as manufacturer <input type="checkbox"/> see below _____ Mailing Address: _____ _____ Contact Person: _____ Email Address: _____ Phone/Fax No(s): _____	
Invoicing Instructions The invoice will be sent and the documents will be returned to the Submitter. <input type="checkbox"/> P.O. No. or Ref. No.: _____ <small>(if required for payment)</small> <input type="checkbox"/> Call for submission pick-up <input type="checkbox"/> Rush Rate Authorized by: _____ Date required: _____	

* Required Forms

** See www.absa.ca for further information

Note: AB-31 must be in PDF format when submitting electronically

Mail to: ABSA 9410 – 20th Avenue Edmonton, AB Canada T6N 0A4